

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF Kevin Taylor		COURT CASE NUMBER C.A. 04-40163-PBS	
DEFENDANT S. Bisci		TYPE OF PROCESS Complaint	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN S. Bisci, Social Worker		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Devens- Federal Medical Center P.O. Box 880, Ayer, MA 01432		
<b>AT</b>	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
Kevin Taylor Reg. No. 03421-068 Devens-FMC P.O. Box 879, Ayer, MA 01432		Number of process to be served with this Form - 285	12
		Number of parties to be served in this case	12
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

(same as above)

Signature of Attorney or other Originator requesting service on behalf of:

*Kevin Taylor*
☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

7-11-05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Nancy Salamea</i>	Date 7/18/05
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

*Served by Cert Mail 7/20/05 at*PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

KEVIN TAYLOR,

Plaintiff,

V.

HARLEY LAPPEN, Director,  
Federal Bureau of Prisons, et al.,  
Defendants.

SUMMONS IN A CIVIL CASE

CASE NUMBER: 04-40163-PBS

TO: (Name and address of Defendant)

S. BISCI, Social Worker for the Psychology and Mental Health Department, FMC Devens

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Sarah Allison  
CLERK

(By) DEPUTY CLERK



DATE

6/6/05